

Supporting Mental Well-Being of Farmers and Their Families

Andrew J. McLean, MD, MPH

Chair, Psychiatry and Behavioral Science, UNDSMHS

November 17, 2021



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Disclaimer and Funding Statement

This presentation was prepared for the Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Mountain Plains MHTTC. For more information on obtaining copies of this presentation please email gberry@wiche.edu

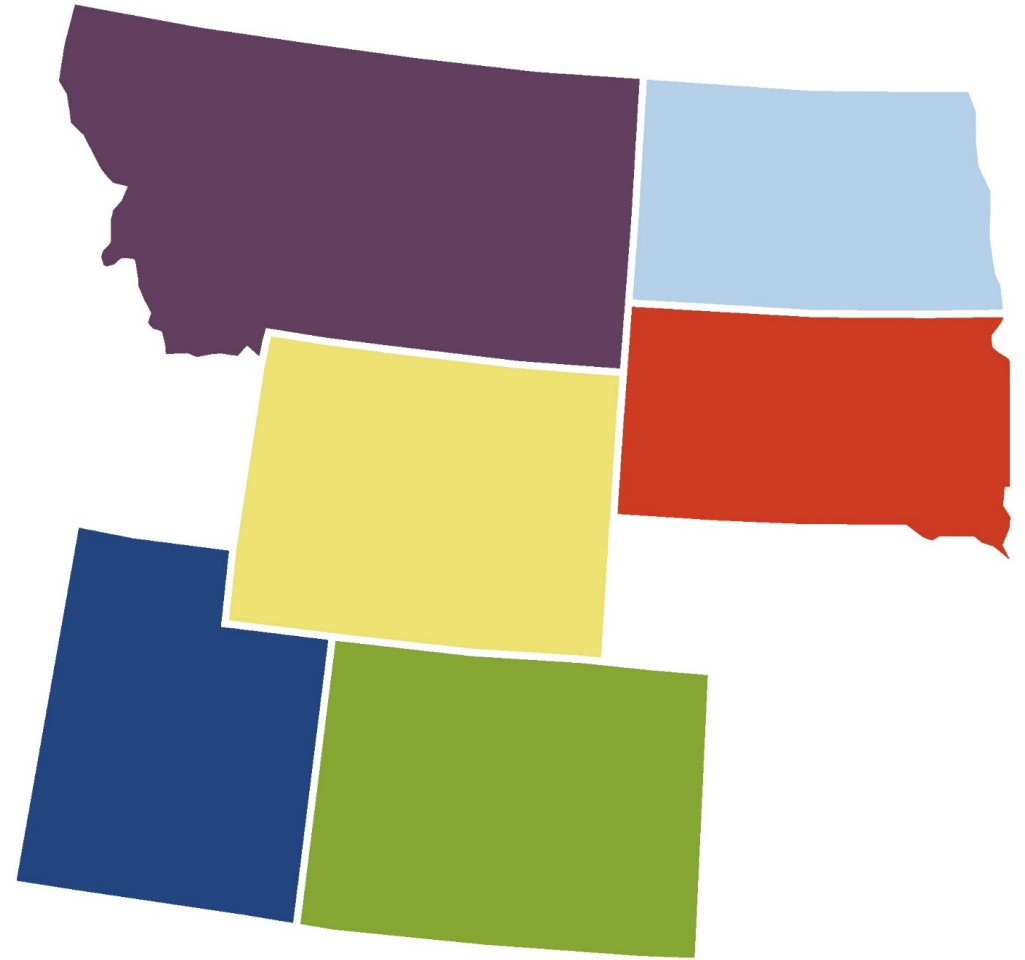
At the time of this presentation, Miriam E. Delphin-Rittmon, Ph.D. served as acting SAMHSA Assistant Secretary. The opinions expressed herein are the views of Andrew J. McLean, MD, MPH, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Supporting Mental Well-Being of Farmers and Their Families



Dr. Norm Dalsted — Project Director

Ms. Candy Leathers – Manager I

Dr. Jim Craig – Rural Rehabilitation Specialist

Mr. Chad Reznick – Behavioral Health Specialist

Mr. James Sanchez – Director II Career Development Service at Goodwill Colorado

Bob Fetsch – Co-PD, Colorado AgrAbility

Supporting Mental Well-Being of Farmers and Their Families



COLORADO STATE UNIVERSITY

ENGAGEMENT AND EXTENSION

Lindsey Shirley

Assistant Vice President for Engagement and Deputy Director of Extension

Supporting Mental Well-Being of Farmers and Their Families

Andrew J. McLean, MD, MPH

Chair, Psychiatry and Behavioral Science, UNDSMHS

November 17, 2021



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



My Background



Definitions

- *We are using the term “farmer” to include:*
- *Farmers*
- *Ranchers*
- *Agricultural workers*
- *Agricultural managers*



8 Dimensions of Wellness

Source: <https://www.samhsa.gov>



Health
is
not
the
absence
of
disease

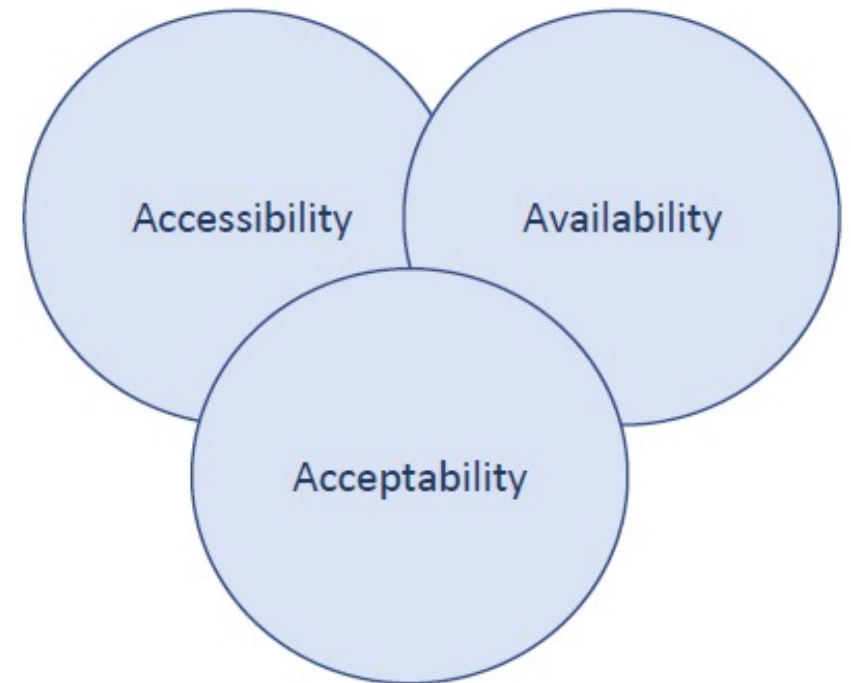
Rural Culture

- “If you’ve seen one rural town, you’ve seen one rural town”
- Rural areas are not homogenous
 - Each has its own traditions, customs, geography
- Independence and self-reliance instilled early
 - Especially seen in farm families
- Lower population density, isolation, lack of privacy
 - “Goldfish Effect”
 - Aware of each other lives, illnesses, health events; community-wide gossip
 - People know your vehicle, friends with clinic staff, you serve on committees/boards with providers
- Dual relationships: Providers AND community members
 - Each community has it’s own culture



Rural Behavioral Healthcare Challenges

- **Limited Accessibility to Healthcare**
 - Distance/transportation
 - Broadband
 - Health insurance
- **Limited Acceptability**
 - Stigma
- **Limited Availability**
 - Providers may not have expertise in mental health/substance use



The Agrarian Imperative (Rosmann)

- The need to farm
- The need to maintain the land
- The impact of being “the losing generation”



Unique Stresses

- Market Variability (both commodity and labor)
- Extreme Weather
- Finances: Debt to Income ration
- Working Conditions
- Long Hours



Blessing and Curse

- Independent
- Self-sufficient
- Risk-taking
- Needing “space”



Demographics

- Men – the death by suicide rate for men in the category of farmers, ranchers, and other managers is roughly double that of the general population*
- Women – regardless of role, are likely to experience a larger burden of stress
- Children – aware of changes in family dynamics due to stressors



Pandemic

- **Minuses**

- Financial
- Labor
- Supply chain
- Impact on health
- Decreased in-person supports

- **Pluses**

- Opportunity for re-evaluation of practices
- Technology opportunities, including healthcare access
-



How many “communities” do people belong to?

Religious

Social

Family

Neighborhood

City

Civic

Political

P
R
O
F
E
S
S
I
O
N
A
L

- And many others....

Scenario

- Imagine Gary is depressed and drinking too much.
- He is seeing his primary care provider for an infected hand from a cut on a disc harrow.
- His wife has convinced him to allow her to accompany him.



SBIRT

- Screening
- Brief Intervention
- Referral to
- Treatment



Screening Tools for Alcohol Use and Depression

- Substance use disorders
 - AUDIT-C
 - AUDIT
 - DAST-10
- Mental Health Concerns: Depression
 - PHQ-2
 - PHQ9
- Anxiety
 - GAD-7
 - Recent study: 71% of farmers met criteria for Generalized Anxiety Disorder

Screening vs Assessment

- Screeners versus Assessment

- Screener

- Identifies the presence of a problem
 - Outcome = “Yes” or “No”
 - Don’t repeat screener
 - Can easily be incorporated into Clinical Interview

- Assessment

- Defines the nature of that problem
 - Contributes to diagnosis
 - Provides specific treatment recommendations



iStock.com/Olivier Le Moal

Assessment

- Importance of assessment prior to treatment.
- Presenting Problem – “Stress”.
- Sort through the myriad of “other issues” that present.



Understanding Suicidality

- **Suicide** is defined as death caused by self-directed injurious behavior with intent to die as a result of the behavior.
- **A suicide attempt** is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury.
- **Suicidal ideation** refers to thinking about, considering, or planning suicide.

(National Institute of Mental Health)











Is this only a worry, urgent or emergent?

There are few emergencies in mental health, but one of them is high suicide risk. Non-mental health professionals can ask questions to get a better picture....

MYTHS	vs.	FACTS
<i>"Asking a depressed person about suicide may put the idea in their heads"</i>		<ul style="list-style-type: none">▶ Asking does not suggest suicide, or make it more likely.▶ Open discussion is more likely to be experienced as relief than intrusion.▶ Depressed students who get screened are less distressed and suicidal than high-risk students who are not screened (Gould et al, 2005).
<i>"There's no point in asking about suicidal thoughts... if someone is going to do it, they won't tell you"</i>		<ul style="list-style-type: none">▶ Many people will be honest when asked, even if they would never bring it up themselves.▶ Many give hints to friends or family, even if they don't tell a counselor or clinician.▶ Ambivalence, contradictory statements and behavior are common.
<i>"Someone that makes suicidal threats won't really do it, they're just looking for attention"</i>		<ul style="list-style-type: none">▶ Those who talk about suicide or express thoughts about wanting to die are most at risk of a real suicide attempt.▶ 80% of people who die by suicide gave some indication or warning first.

One tool ...

 <p>SUPPORT DOCUMENT</p> <p>Education and Communities Brochure</p> <p>Download →</p>	 <p>SCREENER</p> <p>Columbia Community Card for Spouses</p> <p>A screening tool to remind someone to ask these questions to their spouse</p> <p>Download →</p>	 <p>SCREENER</p> <p>Columbia Community Card for Friends and Family</p> <p>A screening tool to remind people to ask these questions to their friends and family</p> <p>Download →</p>	 <p>SCREENER</p> <p>Columbia Community Card for Teens</p> <p>A screening tool to remind teens to ask these questions to their friends</p> <p>Download →</p>
 <p>SCREENER</p> <p>Columbia Community Card for Parents</p>	 <p>SCREENER</p> <p>Versión exploratoria - Reciente</p>	 <p>SUPPORT DOCUMENT</p> <p>C-SSRS: Summary of Supporting Evidence</p>	 <p>SUPPORT DOCUMENT</p> <p>Certificate of Learning</p>

	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6		
3) Have you thought about how you might do this?		
4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	High Risk	
Always Ask Question 6	Lifetime	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.</i>		High Risk

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

Any YES indicates the need for further care. However, if the answer to 4, 5 or 6 is YES, **immediately ESCORT** to Emergency Personnel for care, call 1-800-273-8255, text 741741 or call 911.

DON'T LEAVE THE PERSON ALONE. STAY WITH THEM UNTIL THEY ARE IN THE CARE OF PROFESSIONAL HELP

<https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-families-friends-and-neighbors/>

Static and Dynamic Factors (not all-inclusive)

Static Risk Factors

- Prior Attempt(s)
- Suicide in first degree relatives
- Chronic physical illness (esp. one that causes pain)
- See next slide on protective factors ...

Dynamic Risk Factors

- Anxiety (“psychic angst”)
- Hopelessness
- Command Hallucinations
- Impulsiveness/aggression
- Severe Insomnia
- Degree of suicidality
- Plan
- Access to means
- Lethality/intent

Protective Factors



Employment

Religious belief

Reason to live (children in home...)

Psychosocial supports

Individual psychological strengths

Commodities and Management

- Most farmers understand that good management is a key to success.
- If asked, most farmers would agree that health and safety are key components to successful farming.
- It follows then, that managing one's own health and safety is key to successful farming...



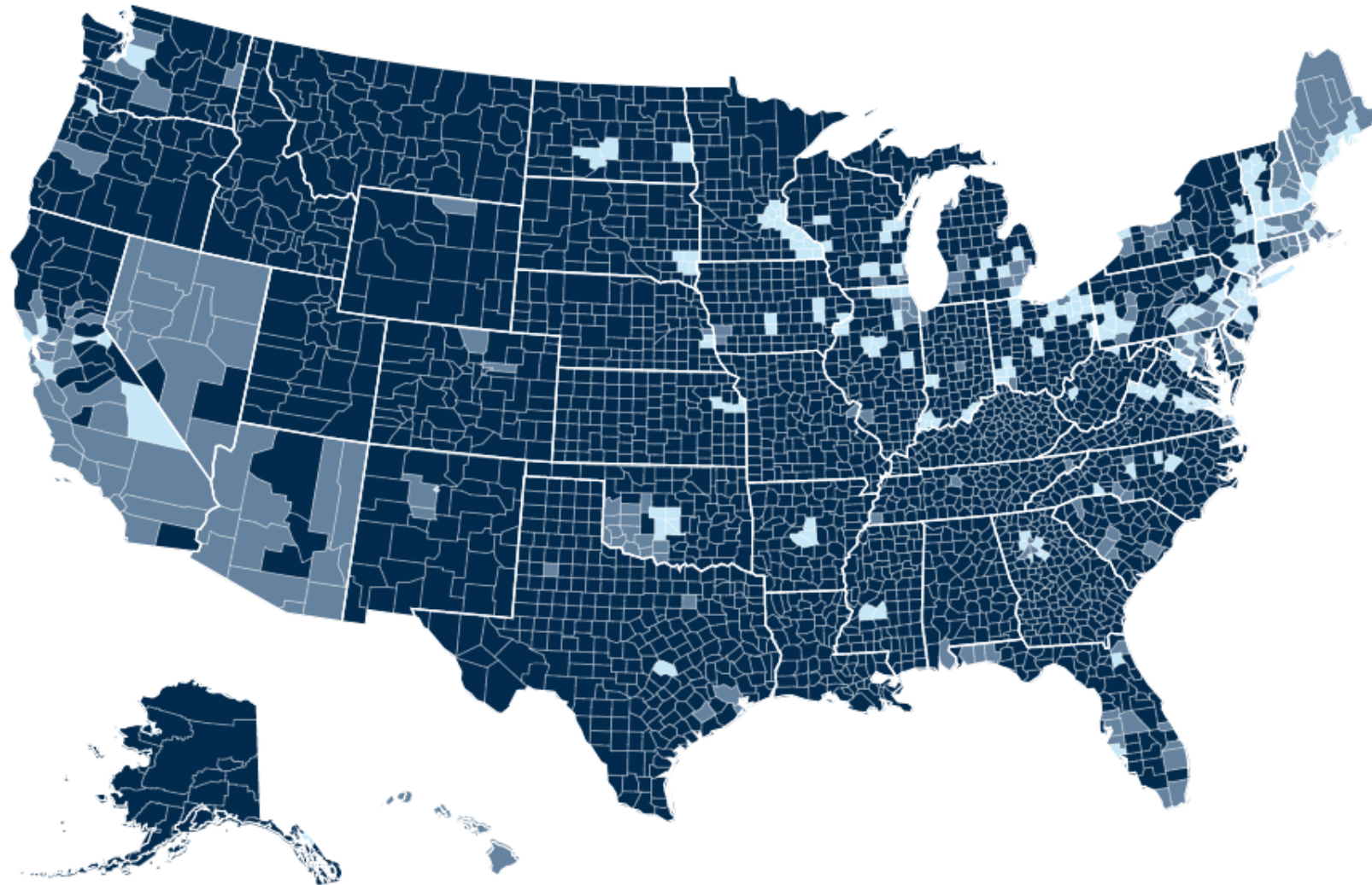
Health Professional Shortage Areas: Mental Health, by County, 2021

Nonmetro

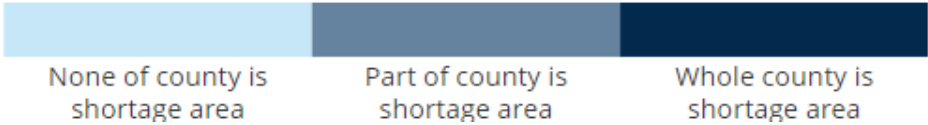
Metro

All

Explore other years

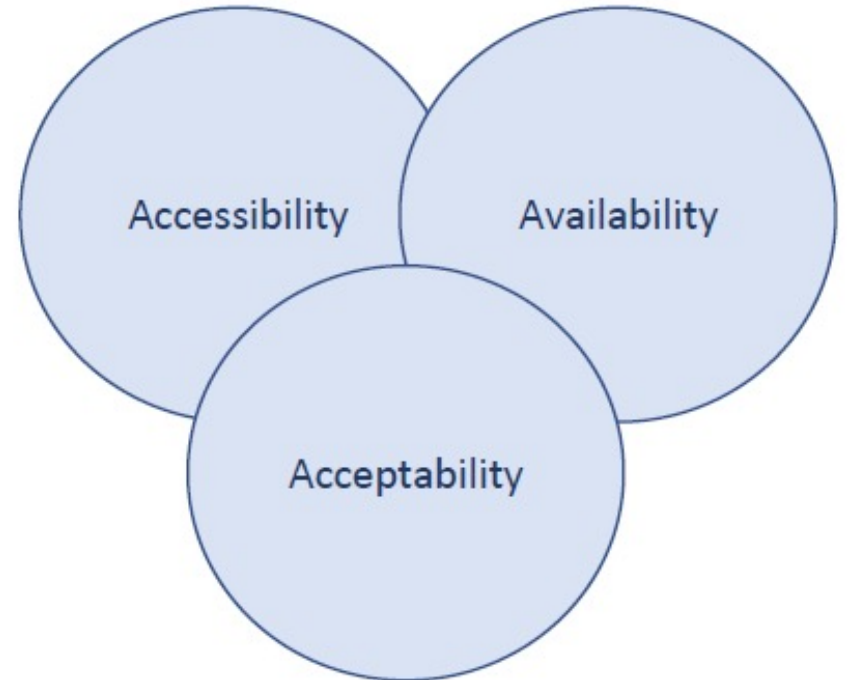


HRSA



Solutions

- **Accessibility**
 - Telebehavioral health
 - Improvement of broadband access
- **Acceptability**
 - Reducing stigma both individually and societally
- **Availability**
 - Collaborative Care, Community training/champions/Peers



Encourage Treatment

- **Referral Sources – Get Creative!**

- Primary Care Physicians
- Former Clients
- University Extension Offices
- Farm & Ranch Associations
- Law Enforcement – First Responders
- Ministerial Alliances
- Veterinarians
- Bankers, lawyers, etc.
- Hairdressers & Barbers
- Farm Suppliers (Max the Mineral Man)



- **Free Community Talks**

- Extension Education “Add ons”
- School
- Brown Bag Lunch
- “Depressed Farmers” versus “Making Hay when the sun Stops Shining”

Farm and Farm Family Risk and Resilience Socio-Ecological Model

Braun and Pippidis, 2019



Supports

- In addition to “community” supports:
- Mental Health/Psychological First Aid(s) --- two different functions
 - Trained lay people or professionals
 - Primarily supportive/connecting to resources
- Crisis Counseling
 - Assist individuals and communities in recovery



Resilience



Of all the variables, two of the most impactful:

- **Resources** (less controllable)
- **Social Connectedness** (more controllable)

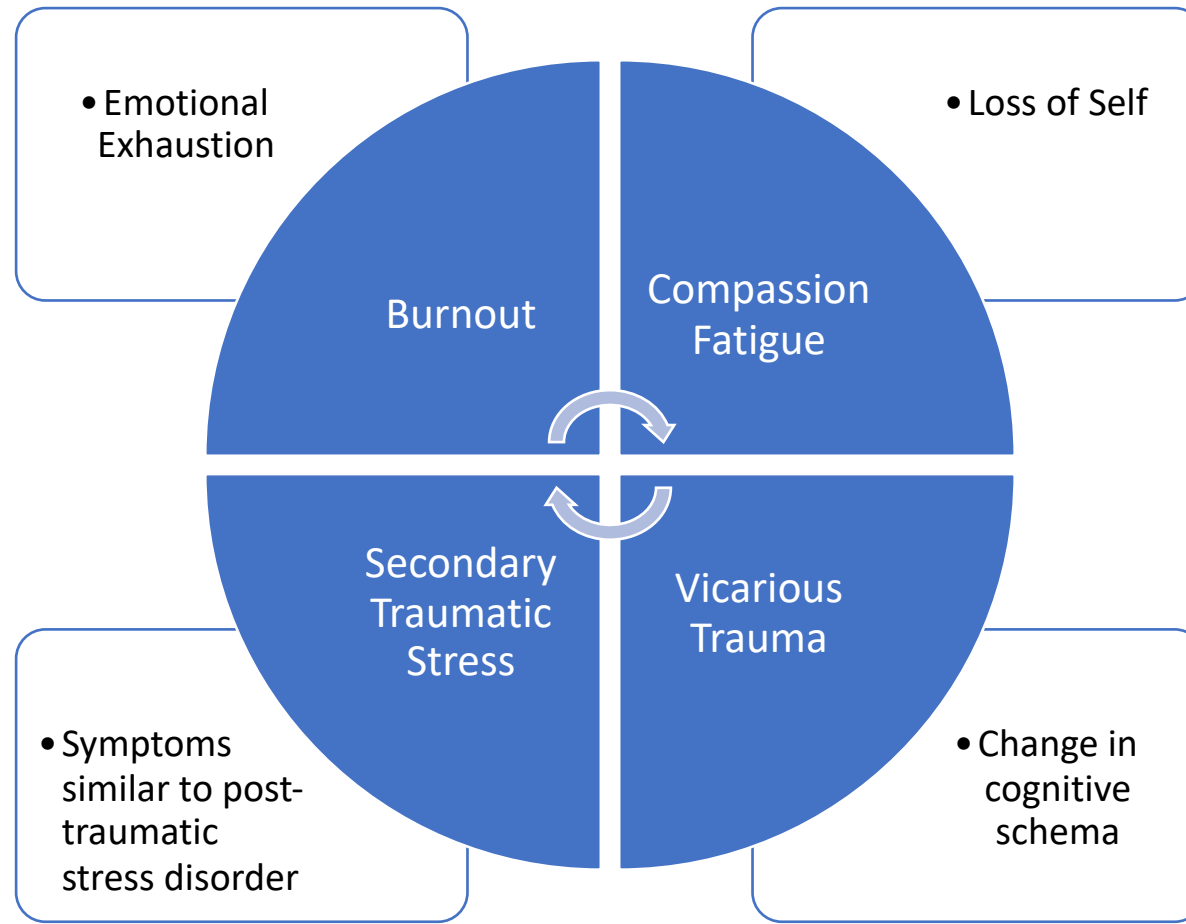
The FACTS

- **F**oster Hope
- **A**ct with Purpose
- **C**onnect with Others
- **T**ake Care of Yourself
- **S**earch for Meaning



Taking Care of the Caretakers

(The Risks of Empathetic Engagement)



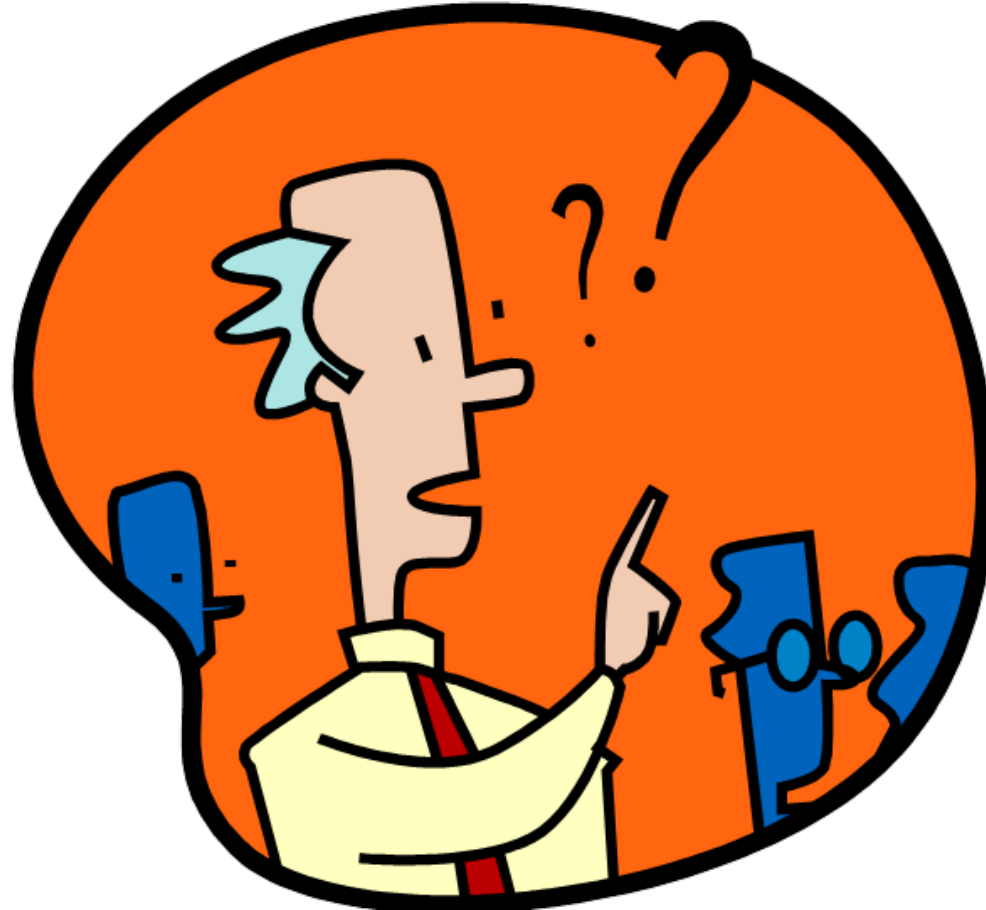
HOPE



Resources (and many others)

- Celebrating Healthy Communities
- Zero Suicide
- AgriSafe Network
- Farm Crisis Center
- Mental Health Technology Transfer Center (MHTTC)
- National Farmers Union
- Extension Programs
- Rural Response to Farmer Mental Health and Suicide Prevention (RHIhub)
- 2-1-1
- 9-8-8 (in July 2022)
- National Suicide Prevention Hotline
800-273-TALK (8255)
- Farm Aid Hotline
800-FARM-AID (327-6243)

Questions/Comments?



Stay Connected



<https://engagement.colostate.edu>



<https://agsci.colostate.edu/agrability/>



mhttcnetwork.org/centers/mountain-plains-mhttc/home



@Mountain-Plains-MHTTC



@MPMHTTC



mhttcnetwork.org/centers/mountain-plains-mhttc/subscribe-our-mailing-list

Thank you for joining us today!

Andrew J. McLean, MD, MPH

Chair, Psychiatry and Behavioral Science, UNDSMHS

andrew.mclean@und.edu



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

